AUSTRALIAN COLLEGE OF MENTAL HEALTH NURSES ISSUES FOR THE 2016 FEDERAL ELECTION

No reduction in mental health program funding

On Thursday 26 November 2015 the Australian Government announced a structural reform package for mental health. This was in response to the National Mental Health Commission (NMHC) Review of Mental Health Programs and Services. Under the reforms funding for a number of mental health programs, including the Mental Health Nurse Incentive Program (MHNIP), transfers to the Primary Health Networks (PHNs) from 1 July 2016. For 2016-17 the funding for MHNIP will be quarantined and PHNs are required to commission mental health nursing services from the current network of MHNIP providers. From 2017-18 the funding is due to transition fully to the PHN flexible funding pool.

As a part of this process, it was stated that there would be no reduction in funding for programs, and that patient continuity of care would be primary focus. PHN’s are required to:

- Deliver mental health nursing services and ensure continuity to the existing client population.
- MHNIP will be quarantined for 2016-17 and PHN’s will be required to commission mental health service from existing providers.
- Funding is being provided to maintain the MHNIP at existing service levels from July 1 2015 to 30 June 2016.
- Maintaining services at 2014-2015 means that organisations and nurses must work together to manage client services within the organisations 2015-16 allocation.
- The annual service levels that organisations must maintain in 2015-16 are based on the projected number of sessions conducted in 2014-15.
- Where organisations fully or substantially utilised their 2014-15 allocation they were provided with the same allocation for 2015-16.
- PHNs would be provide with an operational budget, which would not result in operating costs being taken from program funding.

PHNs are being required to use the same size pool of funding to distribute it more broadly from 2015-16. However, it is not possible to have the same size pool of funding and distribute it more broadly and mental health nurses are having their sessions cut, in some cases by 20%. Operating costs are also being taken from funding assigned to provide services.

Reassigning services based on geographic considerations which then result in sessions being reduced to one service does nothing to ensure patient continuity, and we will see the opposite occur and people missing out. Providing the same amount of funding to PHNs for 2015-16 and then expecting them to deliver more services will not work.

The ACMHN calls for all parties to commit to:

- No cuts to mental health nurse (MHNIP) services for 2016-17 and that the same level of services from 2015-16 are provided in 2016-17 to ensure consumer/patient continuity.
- Maintaining the same level of mental health services to consumers through PHNs as programs such as the NDIS, Partners in Recovery (PIR) and Health Care Homes transition to PHN responsibility.
- That operating costs will be covered in a separate budget and will not come from funding assigned to provide services or programs to consumers.
That the funding provided to PHNs for the mental health flexible funding pool will increase as per expected budget projections.

Not introducing a co-payment for mental health services that have previously not attracted such a payment.

3-5 year quarantining of mental health nurse funding with PHNs

The funding for what was the MHNIP has transitioned to the responsibility of PHNs along with other federally funded mental health programs. For 2016-17 the funding for MHNIP will be quarantined and PHNs are required to commission mental health nursing services from the current network of MHNIP providers. From 2017-18 the funding is due to transition fully to the PHN flexible funding pool.

While the Australian Government’s reforms were in response to the NMHC Review of Mental Health Programs and Services, the NHMC actually recommended that MHNIP not be included in a pooled funding arrangement, at that point in time, in order to address funding and distribution inequities.

The NHMC recommended that the current inequitable distribution of the MHNIP means that simply sharing the existing funding equitably across Australia will result in many areas which currently receive services facing substantial reductions in access to nurses. It also recommended that, under the current funding model, payments into the MHNIP need to be at least maintained at its existing level of about $40 million a year. It would need to be increased to about $72 million a year to enable equitable access to mental health nurses in the private sector for those with severe and persistent mental illness. The NHMC noted that:

Until such time as there is a more equitable distribution of funding and services across Australia, and a mechanism for bringing together MHNIP payments (which are specific to mental health) with PNIP payments (which apply more broadly to general practice), MHNIP should not be included in the regional bundling of funds to PMHNs. However, PMHNs should be involved in decisions on eligibility for combined MHNIP/PNIP payments to general practices as an important factor in planning and setting regional priorities.1

Health Department representatives have stated that they are making the changes to MHNIP in response to the NMHC report. However as has been indicated above, the process being pursued by Government is not what was recommended by the NMHC.

The ACMHN supports regionally planned services that provide better care to consumers, and believes transferring mental health nurse services to PHNs offers many opportunities for Credentialed Mental Health Nurses (CMHN) to practice to their full scope and work across a range of mental health service areas. However, this cannot and will not occur if the changes to MHNIP are not transitioned in a considered and appropriately timed way.

Also, not increasing the level of funding for MHNIP and expecting PHNs to provide more mental health nurses services with less or the same amount of funding, without any funding increases which would typically occur with a budget, will lead to CMHN leaving primary health care and consumers missing out on services. Losing CMHN will also lead to a loss of highly qualified and specialised mental health nurses providing care to some of the most complex mental health consumer cases.

The ACMHN calls for all parties to commit to:

- Quarantining funding for mental health nurses services (MHNIP) with PHNs for at least 3 and at the most 5 years, to ensure a proper coordinated and fully informed distribution of funding occurs; that there is equitable access across the PHNs, with no PHN being worse off; and for the support of the CMHN workforce growth and stability.
- The pool of available funding for mental health nurses to be distributed across the PHNs is maintained at existing levels for 2016-17 and increased to $72 million from 2017-18 with year on increases as per typical budget projections.

Fund nurse workforce initiatives

An important strategy in improving the mental health and wellbeing of all Australians will be developing and sustaining a nursing workforce that is responsive to the mental health needs of the community – across all clinical settings, all cultural groups, across the spectrum of illness and over the lifespan.

The solution will require:

- more mental health nurses, including developing career pathways into mental health for nursing students, enrolled nurses, registered nurses, and General Practice Nurses; and retention strategies for those currently working in mental health nursing
- greater knowledge and awareness by all nurses of the spectrum of mental health problems – from mental distress, through to mental illness
- development of mental health clinical skills and knowledge for nurses in key target groups – particularly general practice nurses, nurses working in emergency departments, chronic disease
- settings and alcohol & other drug services
- collaboration/partnerships between mental health nurses and other nurses

Mental health nursing and aged care nursing have been identified as experiencing existing and predicted future workforce shortages of significant magnitude which is indicative of a service provision crisis (Australia’s Future Health Workforce – Nurses Overview Report August 2014). The proportion of the mental health nursing workforce nearing retirement age - aged 55 and over - has increased from 25% in 2009 to 30% in 2013. Policy decisions taken by government, higher education, professions and employers will have a major impact on the scale of the projected workforce shortages.

The 2014 National Mental Health Commission report notes that it is crucial to develop the broader nursing and midwifery workforce in order to address the burden of disease associated with mental illness and mental ill health. A graded response is required, in line with the Stepped Care model being introduced by the Australian government.

An approach is needed that:

- addresses key areas where mental health nursing workforce development is possible and required;
- builds on existing mechanisms, or replicates successful models; and
- that links together a range of initiatives to provide a comprehensive approach.
The ACMHN calls for all parties to commit to:

- Funding workforce initiatives that:
  - Provide a nursing workforce response to the mental health needs of Australians, across the spectrum of health and all clinical settings.
  - Improve the mental health knowledge and clinical skill of all nurses, especially general practice nurses, emergency nurses, chronic disease nurses and alcohol & other drug nurses.
  - Support and promote a more sustainable and flexible mental health nursing workforce.
  - Improve the mental health literacy of all nurses, beginning at undergraduate level.

Include nurse representatives on all mental health and other relevant government committees

Mental health nurses represent the largest mental health workforce in Australia and are essential to be involved in any formal structures about progressing mental health strategies or other related health reforms. Mental Health Nurses are often the only mental health professional providing care in some areas, in particular regional and rural areas. Mental health reforms and strategies will not work if Mental Health Nurses are not directly involved in formulating and providing advice to government.

Nurses are leaders in Australia’s’ health care system. They make significant contributions to the delivery of health care across a range of settings, professions and locations, and are experts in providing collaborative and consumer-centred models of care. Nurses have a breadth of knowledge on the delivery of health from a clinical, administrative, educational and research perspectives. This makes the inclusion of nurses not only crucial, but central to the implementation of health reforms in Australia.

There is a significant amount of health reform occurring across Australia which will guide and impact how health is delivered into the long term, this includes reforms in primary care, mental health, and managing chronic disease – three of the largest areas impacting the health system. Each of these areas also directly or indirectly relates to mental health, as people living with mental ill health often have increased chronic disease comorbidity and are significant users of primary health care.

In these recent health reforms we have seen a number of consultative reference groups established to provide advice to government, but the unique and informed voice of nurses have not been heard in these crucial and initial discussions. The mental health nursing perspective of health care delivery, improvement and reform can greatly contribute to these deliberations. Mental health nurses, and nurses more broadly, are the profession that are managing health care services 24/7 365 a year, across the country.

The ACMHN calls for all parties to commit to:

- Mental health nurses being included from the inception on relevant health review and reform committees as members of these committees.
- Mental health nurses being included as an equal partner in all health discussions.
- Ensuring mental health nurses are represented at all levels of policy discussions.
Refugees and asylums seekers – Ratify the Optional Protocol to the Convention Against Torture (OPCAT) and amend the Border Force Act 2015

Ratify the OPCAT

The OPCAT is an international agreement with the key aim of the OPCAT is to prevent the mistreatment of people in detention. It builds on the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) and helps States meet their obligations under CAT.²

Under the OPCAT, state parties agree to international inspections of places of detention by the United Nations Subcommittee on the Prevention of Torture (SPT). State parties are also are required to establish an independent National Preventive Mechanism (NPM) to conduct inspections of all places of detention. This includes local and offshore immigration detention facilities.³

The objective of the OPCAT is ‘to establish a system of regular visits undertaken by independent international and national bodies to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment. This is not meant to relate only to detention centres but to all places where people are deprived of their liberty such as gaols and other place where people are detained’.⁴

Australia is a party to the CAT. The Australian Government signed the OPCAT on 19 May 2009, but has not yet ratified the agreement. It went through relevant Parliamentary processes in 2012. In December 2015, the ACMHN was a joint signatory to a letter regarding Australia’s ratification of the OPCAT. The letter notes that ratification of the OPCAT would promote comprehensive protection of the rights of people on detention in Australia and confirm the Australian Government’s commitment to human rights issues. The letter strongly urged the Australian Government to ratify the OPCAT.⁵

The ACMHN calls for all parties to commit to:

- Ratifying the OPCAT to promote comprehensive protection of the rights of people in all places of detention in Australia and confirm the Australian Government’s commitment to human rights issues.

Amend the Border Force Act 2015

The ACMHN, as a part of a coalition of Australia’s health groups, has previously called for Australian Border Force Act 2015 to be amended, specifically the secrecy provisions which threaten gaol for up to two years for health and medical professional who disclose information about the conditions in immigration Detention Centres. Amendments are required to ensure protections for health professionals and all contractors to speak without restrictions in support of the need for best

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³ Ibid
⁴ Ibid
practice care and against harmful conditions or practices which may impact on people who are detained. 

The Border Force Act restricts health professionals from fulfilling their duty to advocate for the best possible patient care, and the ability to report on conditions in detention restricts the ability to work for the health and protection of patients.

The terms of the Border Force Act are inconsistent with the duties and obligations placed on nurses by the Nursing and Midwifery Board of Australia (NMBA) Code of Professional Conduct for Nurses in Australia and the Code of Ethics for Nurses in Australia. It is also inconsistent with the Scope of Practice of Mental Health Nurses in Australia (2013) and Standards of Practice for Australian Mental Health Nurses (2010) and the duty of health and care mental health nurses have to their patients. Mental health nurses are likely to be in a position where following the terms of the Act breaches all their professional Codes.

The ACMHN calls on all parties to commit to:

- Amending the Border Force Act 2015 to allow health professionals to report openly on or disclose information about the conditions in immigration detention centres, including the removal of any criminal penalties.

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6 http://www.acmhn.org/images/stories/News/JOINTMEDIASTATEMENT.pdf
7 Ibid